



# National CSFP Association

Website: [www.csfpcentral.org](http://www.csfpcentral.org)

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October 24, 2005

Mr. Mike Johanns

Secretary

United States Department of Agriculture  
Food, Nutrition and Consumer Services  
14<sup>th</sup> & Independence Ave. SW  
Washington, DC 20250

Dear Mr. Johanns,

I appreciate this opportunity to comment on behalf of the National Commodity Supplemental Food Program (CSFP) Association regarding priorities for program improvement opportunities in the 2007 Farm Bill Reauthorization. I commend you and the Department for the efforts in scheduling the listening tours around the country and for taking written comments on the FNS programs in particular.

The Association has four main focal areas that could best be addressed in reauthorization regarding the CSF program. The attached position paper includes those focal areas and background information.

Again, thank you for the opportunity to comment on the priorities we feel would best serve our farmers as well as our vulnerable mothers, children and seniors who benefit from the CSF nutrition program.

Sincerely,

Vicki Metheny

President, NCSFPA

Local Program Director Representative National Advisory Council

Maternal, Infant and Fetal Nutrition

ECHO, Inc. CSFP

401 S. Commercial

Farmington, NM 87401

505-326-3770; fax: 505-324-6502

[csfpfmmn@spinn.net](mailto:csfpfmmn@spinn.net)

## **The COMMODITY SUPPLEMENTAL FOOD PROGRAM & Re-Authorization**

The Commodity Supplemental Food Program, CSFP, was the nation's first federal food supplementation effort with monthly food packages designed to provide protein, calcium, iron, and vitamins A and C. It began in 1969 for low-income mothers and children and preceded the Special Supplemental Nutrition Program for Women, Infants, and Children known as WIC. Pilot programs in 1983 added seniors to the list of eligible participants.

The USDA purchases specific nutrient-rich foods at wholesale prices for distribution to those eligible for CSFP. Within states, agencies such as the Department of Health, Agriculture or Education are designated to operate CSFP. These state agencies contract with community and faith based organizations to warehouse, certify, distribute and educate individual participants every month. The local agencies build broad coalitions between private non-profits, health units, and area agencies on aging so that seniors can quickly certify and receive their monthly supplemental food package along with nutrition education to improve their quality of life. This design of a public-private partnership effectively reaches even homebound seniors.

Foods such as canned fruits and vegetables, juices, meats, fish, peanut butter, cereals and grain products, cheese, and other dairy products increases healthy food consumption among these low-income populations.

The CSFP is an important outlet for the types of food commodities supported under various farm programs, as well as an increasingly important instrument in meeting the nutritional and dietary needs of special low-income populations.

### **CSFP – Reach and Coverage**

In FY2005, the CSFP operated through 150 non-profit agencies and over 1,800 sites located in 32 states, the District of Columbia, and two Indian reservations (Red Lake, Minn. and Oglala Sioux, SD).

13 states do not have the program at all, despite the existence of malnutrition and hunger as well as growing senior populations in those states. The limited numbers of projects and states operating CSFP has made it difficult to provide nutrition support and hunger relief to many seniors with inadequate diets and income.

Originally created to serve low-income pregnant and postpartum women, infants and young children as part of the nation's war on poverty, CSFP participation has shifted over the years in response to changing needs and expanded services delivered to this target group through other programs (notably WIC).

Currently 90% of the CSFP national participation is seniors. This proportion varies considerably by state. Variations among the states in the proportion of seniors served are based on historical service patterns and the enforcement of priority service and funding requirements that make it difficult for projects in some states to serve the needy seniors in their areas. The shift to senior caseload in the CSFP is a consequence of several factors, including the growing numbers of low-income seniors with poor nutrition and health conditions.

In a recent CSFP survey, senior participants in a household of one, more than one-half reported an income of less than \$750 per month. Of those in a household of two who responded to the survey, more than half reported an income of less than \$1,000 per month. It is evident that such low income seniors need support from the federal government for basic nutrition needs. Program categories should not be in competition for caseload slots. Adequate funding must be assured.

Currently priority is set for women and children nationwide, while each state's CSFP serves needy populations in their project area that may vary substantially with respect to age. Given the changing demographics of needy populations, broader access to WIC, and disparate need among states, it may be time to change the current law priority slightly, while retaining some kind of priority for low income pregnant, breastfeeding women and children.

All low-income seniors should have the advantage of direct nutrition assistance in the form of proper foods with nutrition services and education. A national program, available to all states would address this growing need. This program should be evaluated and improvements in nutrition status documented to assure continued funding. This would help garner support for farm commodity and price support programs that are an integral part of U.S. agriculture policy.

Six out of the top ten states with the highest concentration of persons aged 65 and over (Arkansas, Connecticut, Florida, Maine, Rhode Island and West Virginia) do not have a CSFP.

With the aging of America, CSFP should be an integral part of the USDA Senior Nutrition Policy. Emphasis and attention now need to turn toward seniors' quality of life and productivity.

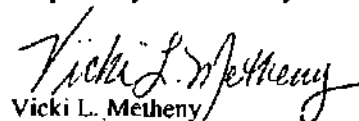
Measures to show the positive outcomes of nutrition assistance to seniors must be strengthened. A 1997 report by the National Policy and Resource Center on Nutrition and Aging at Florida International University, Miami, Elder Insecurities: Poverty, Hunger, and Malnutrition indicated that malnourished elderly patients experience 2 to 20 times more medical complications, have up to 100% longer hospital stays, and incur hospital costs \$2,000 to \$10,000 higher per stay. Proper nutrition promotes health, treats chronic disease, decreases hospital length of stay and saves health care dollars.

**CSFP would benefit by new initiatives to:**

- Demonstrate individual and program outcomes of CSFP;
- Restore financial guidelines for seniors to the original level of 185% of poverty;
- Set "greatest need within a project area" as the priority for service or let each state set its priority for service under a plan approved by the Secretary of Agriculture;
- Implement programs in the 5 states that already have approved plans to operate CSFP (Arkansas, Delaware, New Jersey, Oklahoma, Utah).

This program continues with committed grassroots operators and volunteers. The mission is to provide quality nutrition assistance economically, efficiently, and responsibly always keeping the needs and dignity of our participants first. We commend the Food and Nutrition Service of the Department of Agriculture and particularly the Food Distribution Division for their continued innovations to strengthen the quality of the food package and streamline administration.

Respectfully Submitted by:



Vicki L. Metheny  
2005 National CSFP Association President  
ECHO, Inc./CSFP  
401 S. Commercial, Farmington, NM 87401  
505-326-3770, fax: 505-324-6502  
[csfpfrmn@spinn.net](mailto:csfpfrmn@spinn.net)

Jane Peacock, M.S., R.D., Family Health Bureau Chief  
New Mexico Department of Health  
2040 S. Pacheco, Suite 101  
Santa Fe, NM 87505  
505-476-8901, fax: 505-476-8959

## **Addendum**

### **CSFP Background Information:**

The CSFP is authorized through FY2007 under Section 4(a) of the Agriculture and Consumer Protection Act of 1973, as amended by the 2002 Farm bill (P.L. 107-171).

In 2000, 35 million (or about 1 of every 8) Americans were aged 65 or older;

After reaching an historic low of 3.2 million in 1999, the poverty rate among the elderly increased from 3.2 million in 1999 to 3.4 million in 2001;

According to the U.S. Census Bureau, in 2001, 2.2 % of the elderly population lived in severe poverty (less than 50% of poverty threshold)

The close connection between poverty and hunger suggests that many of America's senior citizens are at risk of food insecurity and hunger;

Non-discretionary demands such as high health care costs and special dietary needs associated with aging present special problems for the elderly living on low-and fixed incomes. The CSFP provides food packages geared to the special needs of its elderly population.

In 2000, nearly half of ALL older Americans lived in 9 states – California, Florida, New York, Texas, Pennsylvania, Ohio, Illinois, Michigan, and New Jersey. There is no CSFP operating in two of those states (FL, NJ), and California and Texas are unable to serve many of their elderly through the CSFP because of caseload restrictions.

### **CSFP –Funding and Participation**

The House passed agriculture appropriations measure for FY2006 (H.R.2744) would fund the CSFP at a total of \$107.7 million; the Senate version of this legislation would fund it at a total of \$108.9 million. Both of these levels are insufficient to maintain FY2005 caseloads in FY2006.

For FY2005, CSFP participation is expected to total some 525,000 (38,000 women, infants and children, and 487,000 elderly). The Administration estimates that its FY2006 budget proposal for CSFP would provide for just over 481,000 participants (a decline of some 45,000 participants from the FY2005 level)

The program was originally operated by the Secretary of Agriculture under the authority of the FY1969 Department of Agriculture and Related Appropriations Act (P.L. 90-463), and subsequent annual appropriations laws. These laws allowed the use of Section 32 funds and government held commodities to supplement the diets provide of needy mothers and children, until 1977. The Agriculture and Consumer Protection Act of 1973 authorized direct appropriations for the CSFP, which have been its major funding source since 1977. AK, AZ, CA, CO, DC, IL, IN, IO, KS, KY, LA, MI, MN, MO, MS, MT, NC, ND, NE, NH, NM, NV, NY, OH, OR, PA, SC, SD, TN, TX, VT, WA, WI, RI/MN, OS/ND currently operate CSF programs.

Funding for the operation of a CSFP for the low-income elderly began with the authorization of two 2-year pilot projects for the elderly under the 1981 Farm bill (later expanded to three projects). The 1985 Farm bill extended the pilot project authorization and permitted all CSFP agencies to add elderly to their caseload if they had funds sufficient to serve all eligible mothers and children. The 1990 Farm bill addressed problems associated with determinations of excess funding for service to eligible elderly persons. The 1990 Farm bill maintained the priority for service to women and children, but authorized a new, separate CSFP for the elderly. The changes did not alter the allowance for regular CSFPs to convert caseload to elderly service when sufficient funds and USDA conditions permitted.



[ 401 S. Commercial 3 • FARMINGTON, NEW MEXICO 87401

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2005 NOV - 8 P 3 31

Mr. Mike Johanns  
Secretary  
United States Department of Agriculture  
1400 Independence Ave. SW  
Washington, DC 20250

